PSYCHIATRIC BRIEFS

Psychiatric Illness and Adverse Pregnancy Outcome

Schneid-Kofman N, Sheiner E, Levy A
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Objective: To identify the adverse effect of psychiatric illness during pregnancy on pregnancy outcome.

Method: In this large population-based study of deliveries (1988–2005), women with and without psychiatric illness were compared. Stratified analysis included multiple logistic regression models.

Results: In 607 (0.3%) of 181,479 deliveries, women endorsed psychiatric illness: depressive and anxiety disorders (39%), schizophrenia (11%), or other psychiatric illness (50%). The psychiatric patients had higher prevalence of diabetes and hypertensive disorders and were significantly older than women without psychiatric illness. In addition, perinatal mortality rate, congenital malformations, low Apgar scores, and low birth weight (< 2500 g) were significantly higher in women with psychiatric illness than in those without. That psychiatric illness during pregnancy is an independent risk factor for perinatal mortality (odds ratio [OR] = 2.4; 95% CI = 1.5 to 3.7, $p < .001$) and congenital malformations (OR = 1.4; 95% CI = 1.01 to 1.9, $p = .03$) was determined by multivariable logistic regression models.

Conclusions: Providers of prenatal care should be vigilant for the presence of psychiatric illness in pregnant women, as such illness is an independent risk factor for congenital malformations and perinatal mortality.

Developing Guided Self-Help for Depression Using the Medical Research Council Complex Interventions Framework: A Description of the Modeling Phase and Results of an Exploratory Randomized Controlled Trial

Lovell K, Bower P, Richards D, et al.
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Background: The use of guided self-help for patients with mild-to-moderate disorders is suggested by current guidelines for the management of depression. The optimal form and delivery of this intervention, however, are subject to debate. To develop acceptable and effective interventions, a phased process has been proposed, using a modeling phase to investigate and develop an intervention before preliminary testing in an exploratory trial. This article (1) describes the modeling phase employed to develop a guided self-help intervention for depression in primary care and (2) reports data from an exploratory randomized trial of that intervention.

Method: A guided self-help intervention was developed after a modeling phase that included a systematic review, a metasynthesis, and a consensus process. Subsequently, the intervention was tested in an exploratory randomized, controlled trial by investigating (1) fidelity using analysis of taped guided self-help sessions, (2) acceptability to patients and professionals through qualitative interviews, and (3) effectiveness through estimation of the intervention effect size.

Results: Fifty-eight patients were recruited to the exploratory trial. Seven professionals and nine patients were interviewed, and 22 tapes of sessions were analyzed for fidelity. Fidelity to the intervention protocol was high overall, and the majority of the specific components (with the exception of the use of feedback) were delivered by the professionals. Acceptability to both professionals and patients was high as well. The effect size of the intervention on outcomes was small, reflecting the results of earlier analyses that found a modest effect for guided self-help in primary care. However, the sample size was small and confidence intervals around the effectiveness estimate were wide.

Conclusion: The general principles of the modeling phase used in this study aimed at drawing on a range of evidence, possibly producing an evidence-based, patient-centered intervention that is acceptable to professionals. However, the pilot outcome data failed to find that the resulting intervention was particularly effective. The authors discuss the advantages and disadvantages of the general methods used in the modeling phase, and they outline potential explanations for the failure to demonstrate a larger effect in this particular case.